

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/517881

ATTORNEY(S)

FILED DATE

**Winter Haven
Regional Stage Processing**

Patent Examiner

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	11	←	9	←		←
TOTAL CLAIMS	12		10			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL DEP.		←		←		←
TOTAL CLAIMS						